Telephone interview with CAPT Bill C. Terry, DC, USN (Ret.), oral surgeon aboard USS *Repose* (AH-16) during the Vietnam War, 1965-67. Conducted by Jan K. Herman, Historian of the Navy Medical Department, 13 June 2005.

Where are you from?

I was born El Dorado, AR. Then we moved to various places, and finally, I spent most of my boyhood in Knoxville, TN.

Had you wanted to be a dentist or oral surgeon from a young age?

It kept recurring as something I thought I'd like to do. So by the time I was ready for college, I pretty much made up my mind that I wanted to go into dentistry. Once I entered dental school at the University of Tennessee, I became more and more interested in oral surgery and wanted to pursue that as a specialty.

When did you graduate from dental school?

I graduated from the University of Tennessee in June of 1954.

Did you go on for your advanced work in oral surgery from there?

I had been deferred because, as you know, the Korean War had been going on. So I had been deferred to go to dental school. And I had received an appointment as what then the Navy called the Ensign Hospital Probationary Program or Ensign HP USN. As soon as I finished school, I began a rotating dental internship at the Naval Hospital Oakland, CA. I entered the Navy as a regular naval dental officer in 1954.

Was there any type of orientation for new officers at that time?

There was nothing. I was just told to report to Oakland Naval Hospital when I graduated from dental school so I reported as a lieutenant, junior grade. As a regular naval dental officer, I wasn't issued a uniform. The hospital didn't have a uniform. I had no orientation. I was just in the Navy as a naval officer.

And you had to learn the custom/s and the culture all by yourself.

Absolutely. But I had a lot of help from the chief of the dental service there, a CAPT Van Zile, and others were very kind. They recognized the situation. There were two of us there as interns. So they sent us over to the exchange there at the hospital to buy uniforms, etc. They helped us place the insignias and that kind of thing. It probably would have helped to have some kind of orientation. However, as it turned out, it wasn't that necessary.

Professionally, how did your oral surgery start out there at the hospital? Was it satisfying?

Yes. It was very satisfying. I had excellent mentors. CAPT Wilbur Van Zile and CDR Paul Suitor. I was really interested in oral and maxillofacial surgery so they allowed me to spend the majority of my time in that specialty. And, of course, we had a large ward and service. Oakland Naval Hospital was the big hospital in the San Francisco area for the Navy. So we immediately had on-call duty. In fact, for the internship, we stood port and starboard duty for a year because there were only two of us. It was quite demanding but enjoyable. There was a very busy surgical service there so I was extremely pleased and happy with that.

What kinds of challenging cases do you recall?

We got all the trauma from that area. And we were one of the evacuation hospitals from the Pacific Fleet--Oakland for northern California and San Diego in the south. We saw all types of injuries. We got all types of pathology--patients with malignancies, tumors, etc.

The trauma load was very, very heavy with fractured mandibles, maxillas, etc. At that time, there were still a few patients from World War II who were undergoing reconstruction so we were also involved with some of them.

Where did you go after Oakland?

I was assigned to the Naval Air Station Sangley Point in the Philippines. When I got my orders, it said Luzon. And being, more or less, of the East Tennessee hillbilly type, I'd never been out of the States and I had to go ask someone, "Where is Luzon?" Of course, I remembered it from World War II from reports of the fighting that took place there around Manila, Bataan, and Corregidor.

I was there when they were building Cubi Point at Subic Bay. In fact, I was in charge of going up to Cubi Point for and overseeing installation of the dental facilities, etc. Later, on the hospital ship USS *Repose*, our home port was in Subic. I'm very familiar with that area.

How long were you on that assignment in the Philippines?

I was in the Philippines from 1955-1958. I enjoyed it very much. I was involved with the Philippine Dental Association and did a lot of lecturing for the continuing education courses sponsored by them. I traveled all over the Philippines and made many friends that are still great friends.

And where did you go after that?

I went to the Naval Air Technical Training Center in Memphis, TN. I was on duty there and had additional duties at the Naval Hospital. Of course, I wasn't a trained oral maxillofacial surgeon but I had by then a lot of experience because I had those responsibilities at Sangley Point and initial training at Oakland Naval Hospital. I was at Memphis Naval Air Technical Training Command from '58 to '60.

Then I went to the Naval Postgraduate Dental School at the National Naval Medical Center in Bethesda from '60-'61. We did a year of studies in the basic sciences, etc. This was a prerequisite for completing formal training in oral and maxillofacial surgery. That year my emphasis was on surgery and we did the basic sciences such as physiology, biochemistry, anatomy, etc.

After that year of training, you must have felt pretty good about being able to handle pretty much anything.

I did. I had had a lot of experience in my previous assignments and a good basis from my internship at Oakland Naval Hospital. I was very comfortable with surgery, etc.

So, you did your year. Where did you go from there?

I was assigned to the precommissioning unit for our first nuclear aircraft carrier, USS *Enterprise* (CVAN-65), and went to Newport News, VA. I was in charge of overseeing the installation of the dental department. After commissioning, I was on board the *Enterprise* from

1961 through 1963. That was probably one of the greatest experiences I have ever had. I felt I was really in the Navy. As the first nuclear carrier, we received a lot of attention. I think these were the most outstanding officers and men that I've ever known. They were the nuclear trained officers and enlisted personnel and they were just superb. CAPT [Vincent] Depoix, who later became vice admiral, was our CO. ADM [Hyman] Rickover came down numerous times as the ship was being built.

That must have been an experience in itself.
It certainly was.

Did you have any contact with the esteemed admiral?
Not directly because he was there for the nuclear power portion. I remember one interesting incident when we were having breakfast in the ward room. ADM Rickover came in and wanted breakfast, too. He sat down at our table, which at that time was the lieutenant commanders' table because he wanted to talk with us while he ate breakfast. The steward came up and asked ADM Rickover what he'd like. And he said he thought he'd just like some cereal. So the steward put a box of corn flakes in front of him and said that he'd go get him a bowl. ADM Rickover said, "Oh, that's not necessary." It was one of those boxes you can open up along the perforations and he just opened it up and poured the milk right in. He was just that kind of man.

You never knew what you were going to get with him.
You never knew. My dearest friend now is a retired Captain W. P. Allen, USN. We were roommates and he was one of the nuclear officers. He told me many stories when he was going through nuclear power school and being selected as he had to be interviewed by ADM Rickover. It was quite an experience for him.

Were you the oral surgeon on *Enterprise*?
Yes. I was responsible for all the oral surgery and for the anesthesia. We didn't have an anesthesiologist aboard carriers as they do now. We had a 92-bed hospital on *Enterprise*. We were the flagship carrier for the 6th Fleet. We handled all the trauma and all the emergencies for the 6th Fleet.

The carrier environment is inherently dangerous and when accidents happen, there's usually a lot of trauma. Did you run into that kind of thing?
Yes, we did. We had several accidents. One of the worst involved a young aviator and his prop plane. After he landed and got out of the plane, the prop had not stopped spinning. And, darned if he didn't walk right into it. Of course, the prop hit him. It hit him in the face and he sustained serious facial injuries--fractures and lacerations. Then it caught his arm and shoulder and those were very serious injuries also. That was one of the worst injured patients that we had.

We got him down into the hospital. I put him to sleep while the general surgeons repaired the arm and shoulder. Then they took over the anesthesia and I repaired his facial lacerations, fractured bones, etc. And the young man did well and walked off the ship later and went back to Bethesda for continued care.

We had a number of injuries and infections to take care of not only from the people aboard the carrier but from our escorts--destroyers, etc. Other ships would come alongside and high-line the patients over to us. Our general surgeons also took care of a number of injuries, appendectomies, etc. We were very active as a hospital as well as a combatant ship.

You were there from '63 to '64.

I was on *Enterprise* from the precommissioning--1961 to 1963. After that assignment I went back to Oakland Naval Hospital to finish my training in oral and maxillofacial surgery. At that time, the Navy-trained people didn't do as is done now. You are selected for a residency program and finish that. During my day, to get into final training in oral and maxillofacial surgery, you were usually in the Navy about 10 years. So you had a lot of experience before you got your final training. I was sent back to Oakland, and it took another 2 years to complete my formal training.

And that was right about the time Vietnam was heating up.

Yes. That's when Vietnam started. During my training there, I saw a lot of trauma because the Navy was very active in the San Francisco area. Also we began receiving casualties from Vietnam. Some of the first casualties were Seabees. We had Seabee battalions out there first, assisting the South Vietnamese. And they were being attacked. I recall some of the first casualties I saw were Seabees who had sustained facial injuries.

What types of injuries were you seeing with these people?

We were seeing missile injuries from exploding land mines, mortars, that type thing. We also saw a number of burn patients from explosions and accidents. Then, the Navy was sending casualties to a hospital nearest their home so our patients were those from the northern California area.

How did you get assigned to a hospital ship?

I was finishing my training and had a lot of experience. RADM Ed Rafetto--a dental admiral--was a good friend of my commanding officer at Oakland, CAPT Robert Middleton. RADM Rafetto had talked to CAPT Middleton and told him that they would need an oral and maxillofacial surgeon aboard the *Repose* so they decided I was going to be the one. I sort of wanted to stick around another year because when I was on *Enterprise*, I had been at sea most of the time. But they decided I was going to *Repose*.

Repose was being outfitted and rebuilt at the Hunter's Point Naval Yard in San Francisco just across the Bay. Because I had experience in commissioning the *Enterprise* and establishing the dental department, they felt I was the right one.

I made a list of all the surgical instruments that I would require. We got the dental department set up with all the equipment for a complete range of dental services from restoring teeth to complex surgery.

Unlike the precommissioning for the *Enterprise*, which was a brand new ship, the *Repose*, of course, had been built at the tail end of World War II. What did you see when you got to Hunter's Point?

Of course, it wasn't anything like the hospital ships of today. But it was a big white ship with converted spaces--wards, surgical suites, etc. We had all the facilities you would find in a

hospital today. In addition, we had something very new. We had a frozen blood bank on board. I think it was the first time that a frozen blood bank had been put aboard a ship. I'm sure it was. It was something new then. And that turned out to be a great lifesaver for many of our patients. When anticipating a lot of casualties, they'd start thawing blood so it would be available. But going back to your question, the ship had a capability of 922 beds. The crew consisted of 54 officers, 29 nurses, and 543 enlisted personnel.

Did that all go pretty smoothly?

Extremely smoothly. They recognized that they needed the hospital ships so almost anything we wanted, we had no trouble in getting the requisitions through.

Were you there for the commissioning?

Yes, I was. Actually, I finished my residency one day and reported to the *Repose* the next, even though I had been going over for the last 6 months of my residency to supervise the area of my responsibility.

Other folks who were assigned to hospital ships, and it didn't matter whether it was World War II or Korea, or Vietnam, there's a consistent theme. They all felt that they had really arrived as a Navy nurse, physician, or a dentist. To be assigned to one of those beautiful, white ships was the culmination of their career. Did you feel that way?

Yes, I felt very honored to be assigned there. I had a lot of misgivings because, frankly, there was no one available who had experience with the tremendous trauma during World War II and then Korea. They were all retired or gone. And we hadn't had a war like those in some time. So there was a lot of anticipation in just how things would develop. I was so impressed again with the people who were selected for the *Repose*. They were just outstanding. CAPT Ted Wilson was our chief of surgery and chief of the hospital service. When he left *Repose* he went back to Bethesda as chief of surgery.

So you set sail from San Francisco and headed out to the front. When did that take place?

We left in January of '66 and stopped in Hawaii for a few days. We were just going to be there overnight but the laundry broke down and it's very necessary to have laundry aboard the ship. So they had to send some new parts for the laundry. We were there about 3 days which we really enjoyed and had time getting to know each other.

We left Pearl Harbor on 9 January of '66 and arrived in Subic Bay on 20 January. We had a good, smooth sail. We were very busy getting everything set up and making sure all the equipment worked that we had everything we needed.

You were talking about fitting out the ship at Hunter's Point. One of the things I've heard was that when you set up the hospitals on the hospital ships, it was state-of-the-art. It was what was going on in the best civilian hospitals at the time. Is that true?

Absolutely. For instance, we had the air-powered turbine units for dentistry and they were still fairly new at that time. We also had all the surgical instruments available. Of course, we had a prosthetics laboratory aboard the ship where our prosthodontist, who was CAPT Bill Marking, could make prostheses and for doing any kind of dentistry that would be needed such as fabricating prostheses for injured patients who had lost part of their maxilla or whatever. At

least temporary prostheses could be fabricated right there. Our facilities were for all types of the state-of-the-art dentistry and surgery. We also had the latest anesthesia machines. No expense was spared as far as outfitting the ship. And then, the most extraordinary thing was the frozen blood bank.

And so you got to Vietnamese waters. How did things change? How did you get introduced to the Vietnam War?

We arrived in Vietnam on the 16th of February of '66. The ship was just offshore and we could always see the shore. We operated from Danang all the way north to the DMZ. We were primarily supporting the Marines in I Corps. But, of course, the Seabees were there and there were also Army units in the area. In addition, the South Koreans had an army unit there as did Australia.

As luck would have it, the first patient received aboard was a young Marine with a facial injury. A mine had exploded and just blew his face completely full of fragments and also took out one of his eyes. He was my first patient, and that was the first patient we received aboard.

I imagine being the first patient, you probably remember very vividly how you treated him.

Yes, I do. At first we evaluated him. He had this blast injury to the face and neck. We got him within less than an hour after it had occurred. I suppose 90 to 95 percent of all of our patients arrived by helicopter. I was very concerned about his ability to breathe, especially with a blast injury to the neck. Swelling had already occurred. Because he had an eye injury, the ophthalmologist also evaluated him. I decided to go ahead and do a tracheostomy to make certain he wouldn't get into a breathing problem. We then put him to sleep and I spent several hours just scrubbing and picking metal out of this young man's face. When you have a blast injury and you have blown fragments, dirt, and debris into a face, you've got to scrub and pick it out. If not, the patient will have a permanent tattoos.

What did you use?

Betadine and surgical scrub brushes and forceps for picking out all the metal, wood, etc. Unfortunately, the ophthalmologist had to remove his left eye. Otherwise I spent some hours scrubbing him and picking out metal, and taking care of his lacerations. He turned out just fine. His only permanent injury was the loss of his eye. He had no fractures. I published an article on 110 of the maxillofacial war injuries I treated while aboard *Repose*. He is included in that report.

What kind of a team had you set up to handle patients like this?

It was very unique there. We had almost every medical specialty represented. CAPT Wilson, the senior surgeon aboard, was the triage officer. He saw every patient who came into the triage area. With his vast experience, he was able to make a rapid determination of their injuries. Then he would contact all of us who would be involved in treating that patient. We would see them as soon as possible. We had a neurosurgeon--LCDR Bill Stewart--a reserve officer. He was an excellent neurosurgeon. We also had an orthopedic surgeon and three general surgeons. We had an ophthalmologist, LT Frank Hoffer. He was also a reserve officer. And then, myself, the oral and maxillofacial surgeon. We also had two anesthesiologists plus a nurse anesthetist. She was one of our 29 nurses assigned to the ship. Other physicians included an internist, a psychiatrist, a urologist, LCDR Sonny Chenault, a pathologist, and a radiologist.

So we had all the specialties represented but they initially did not assign a plastic surgeon or an ENT. Our face, head, and neck team consisted of myself, the neurosurgeon--Bill Stewart--and the ophthalmologist, Frank Hoffer. Frank might still be practicing in New York.

You folks must have worked a lot together.

We did. We worked on every patient with a head, face, or neck injury.

I've talked with other surgical teams who worked in Charlie Med in Danang. One of the things they told me was that often times, if they had patients with multiple injuries, the whole team would work on the patient at the same time. The anesthesiologist would put him under and then everyone else would be doing their thing.

It worked absolutely the same way with us.

Do you remember any specific patients where that concept was used?

Oh, yes. Almost every patient who had been injured by missiles had abdominal injuries, orthopedic injuries, facial injuries, and some even had brain injuries. So management became more or less routine. Once patients were evaluated, diagnosed, and put to sleep, all their injuries were taken care of as long as they remained stable under anesthesia. When they came out of anesthesia, they had been treated to the best extent possible. There was none of this: "We'll take care of the abdominal injury now and then tomorrow we'll work on the other orthopedic or facial injuries."

And this was the ideal situation on a hospital ship because you lived there and were available 24 hours a day. So we just worked as long as necessary.

I imagine there were times when you probably felt you were inundated with patients.

Yes, but we'd operate as long as necessary. I remember one period when the whole ship was involved for about 72 hours. You'd just take short naps between surgical procedures. We had a very excellent ICU headed by a LCDR Arthur McFee. He was a reserve officer who had come from the University of Minnesota. He was just outstanding. So when we finished operating on a patient--and we might have a lineup of four or five patients--we didn't have to worry because Dr. McFee and his crew in ICU took over until we could find time to see the patient again. He's someone you should interview. I believe he became Chief of Surgery at the University of Texas in San Antonio. He could still be there or he's retired. They would know how to get in touch with him.

Earlier, you mentioned that it's easy to remember your first patient because he was *the* first patient on the ship. Are there any other cases you remember as particularly difficult to deal with or you were very satisfied at the outcome?

Yes. There was another young man named Talley. He was a Marine and his unit had been overrun by the North Vietnamese. When they slipped into his camp, Talley was in his tent asleep. He told me the flap of his tent was opened and their stood a man with an automatic weapon who shot him twice right through the face. This really destroyed his mid-face. The bullets took out both eyes, etc. He was seen almost immediately by a Navy corpsman there who got things, including his airway, under control. When he arrived aboard the ship, his whole mid-face was just a bag of bones and he had lost both eyes.

He was a very challenging case but turned out just fine. I included him in this article published in the *American Association of Oral and Maxillofacial Surgery Journal*.

When was that published?

In 1967. It was called "Facial Injuries in Military Combat: Definitive Care. It was published in the *Journal of Oral Surgery*, Volume 27, pages 551-556, July, 1969.

Thank you. I'll get my hands on that from the Stitt Library at Bethesda. So this patient was particularly challenging. How long did that surgery take?

It probably took several hours. I had to put him in a head frame and rig up traction devices to support his face, etc. while he healed. Again, except for loss of sight, he left the ship and healed well.

How long would you have kept a patient like that before he could be evacuated further back down the chain?

We kept every patient aboard until they were completely stable. Our rule of thumb was that they could go 24 to 48 hours without any treatment. Once we evacuated them, usually to Danang, they would be held there in a holding area until they could be flown out. The problem was that sometimes the planes were late and they might remain there for 24 hours or longer.

Most of my patients I had in maxillo-mandibular fixation--the jaws immobilized and the teeth wired together. Naturally, they needed help in feeding, etc. We were so concerned about this that when the ship was going back to Subic, Bill Stewart, the neurosurgeon, and I decided to go to Danang with a group of our patients who were being evacuated. We got there by helicopter with our patients, went into a tent holding area. It was hot, almost unbearable. It was about 110 degrees.

Where was the tent set up?

In Danang, right near the airstrip. As luck would have it, there was a hurricane and the flight was canceled that was due to take them to Clark Field for further evacuation back to Hawaii and the U.S. So we were there for almost 2 days. Finally, they had to take our patients to Okinawa for evacuation back to the States.

So you had gone to Danang to accompany these patients during that waiting period.

Yes. We wanted to see exactly what type of care they could expect to receive. We didn't go on to Okinawa. We finally got a flight to Saigon and then back to the Philippines, where we met the ship again at Subic. That's when we developed our rule of thumb that the patients should be stable enough that they can go from 24-48 hours with just very minimal care.

How long were you aboard *Repose*?

I was aboard from October of 1965 until I left in February of 1967.

What were the circumstances of that departure?

I was the last of the original medical-dental staff to leave because they had held me longer. We had to have an on-board replacement and I couldn't leave until he arrived. We got back to Subic and that's where I was released from the ship.

Where was your next assignment?

At that time, I had heard about some very new procedures in oral and maxillofacial surgery that were being done by a very famous surgical group and professor at the University of Zurich. And since I had been kept longer than I should have been aboard the ship . . . they had promised us just a year aboard . . . I first wrote to Professor Hugo Obwegeser and told him who I was and what I'd been doing. I said I had heard about the wonderful new things they had been doing in maxillofacial surgery at the University of Zurich and would he accept me there. This was outside the usual naval channels. I received a letter back immediately informing me I would be welcome to come and stay as long as I'd like. So I sent that letter to the Navy Department and RADM Rafetto. I got the reply that I was to delay en route to my new assignment at Long Beach Naval Hospital, which had just opened, to go to the University of Zurich, Switzerland.

I flew from Clark Field on a circuitous route thru Bangkok, Thailand, India, Arabia, Torrejon, Spain, and from there to Germany and then to Zurich. I was there from February thru April of '67.

What were some of the new techniques they were teaching there?

I don't know how much you know about oral and maxillofacial surgery but that's when they began taking the mid-face apart and also doing mandibular repositioning via sagittal splinting of the Rami. They were also doing very complex bone-grafting for cleft palates, etc. None of these things were being done by their methods in the States at that time. I had experience with war trauma to realize the advantages of what they were doing. Dr. Obwegeser took me in completely and I assisted in their surgeries. So I learned their procedures and it proved very very worthwhile in carrying out war injured reconstructive procedures and correction of congenital, developmental as well as acquired facial deformities.

But all that you learned there became fairly routine here after that.

It's all routine now. Dr. Obwegeser is still alive. He's a dear friend of mine and we hunt and fish together every year, and we talk with each other once a week or so. He's an 85-year-old gentleman who is vibrant and full of life. And he's in good health, thank goodness.

While I was in Zurich, the Navy really didn't know where I was.

Dr. Rafetto didn't know?

Oh, he knew but no one else did. This had been outside Navy channels so when I finally got to Long Beach after I finished at Zurich, they were asking, "Where were you? And how did I get paid? And whom did I report to in Zurich." And I told them, there's no Navy in Zurich. The closest Navy would have been in London at the European Command. But I didn't go near there. So I was only in Zurich 3 months--February, March, and April.

When did you get to Long Beach?

In April of 1967. It was a brand new hospital, just commissioned. The CO happened to be the former CO of the medical department on the *Repose*, CAPT Paul R. Engle.

His wife, I think, is a women named Eloise Engle who wrote a book entitled *Medic*, about military medicine. I somehow recall that they lived in the Washington area.

After leaving the hospital at Long Beach, I have not seen CAPT Engle again. I hope he still alive and well.

Long Beach was a great assignment because now I got in on the other end of the Vietnam casualties. We were a major evacuation center for Vietnam and for men and women who lived in a certain radius of Long Beach. I got those patients for reconstruction.

You saw them when they first arrived on the *Repose*, you stabilized them, did initial surgery, and now you were doing the final, definitive care.

Yes. And it was very rewarding. The hospital and the shipyard were extremely busy then because Vietnam was still going on. We saw a lot of trauma--auto accidents, fights, etc. I was very busy as the oral and maxillofacial surgeon working day and night. With many of the patients, I was putting into practice these new procedures I had learned at Zurich for patients with facial deformities. I was repositioning their maxillas, their mandibles and doing all types of reconstructive work for patients with war injuries, too large jaws, too small jaws, etc. We were also one of the first to use a new bone grafting procedure developed by CAPT Philip Boyne, USN, who had recently retired and accepted a professorship at UCLA.

How long were you at Long Beach?

From ’67 to ’69. I was then sent to the Naval Medical Center at Bethesda where we were rehabilitating and reconstructing Vietnam patients and practicing the full scope of oral maxillofacial surgery. I was the only one in the Navy who had the Zurich experience so I was sent as a consultant to all our naval hospitals. I think I operated in every major naval hospital in the U.S. at that time--St. Albans, Chelsea, Philadelphia, Portsmouth, Memphis, Great Lakes, San Diego, and Oakland. So I was almost a traveling oral and maxillofacial surgeon, too. I was going to these hospitals to train other surgeons in our specialty.

At this point, you were highly skilled and very, very well trained.

Yes. I was Chief, Oral Maxillofacial Surgery and Chairman of the Dental Department at the Naval Hospital in Bethesda. I finished my naval career there.

When did you retire?

I retired in September 1974. I was then offered a professorship at the University of North Carolina in Chapel Hill as an oral and maxillofacial surgeon and in charge of the graduate training program. I had had a graduate program at Long Beach. I started a fellowship there with young men who wanted to be surgeons. They were assigned to me. At Bethesda, I ran both the internship program as well as the residency in oral and maxillofacial surgery. At North Carolina, I was chairman of the Graduate Division in oral and maxillofacial surgery.

And you just retired from there?

I retired from there in 1995 after 21 years. Since, I’ve continued doing consulting work, writing, and publishing.

Is that what you’re doing now?

Right now I’m interesting in hunting, fishing, and also I’ve learned to play golf. I became very ill. In fact, I had a heart transplant 1 year ago and it’s been very successful. I’m back doing everything I want to do and I’m very thankful. I’m in good health and I really enjoy fishing, golf, hunting, gardening, etc. My son and I are going to Alaska for fishing in July. One of my former residents from the Navy is in practice nearby and we go fishing at Ocracoke four or

five times a year. I remain interested in my professional activities--consulting, conducting seminars, writing, etc.

It's been 30 some odd years since you were on the *Repose*. Do you ever think about that time much anymore?

I do. I think about it a lot. I've continued to be involved with the medical-dental profession since then. One thing that I've stated repeatedly. I think our patients got the best care that could be had, even now. Now I go over to the emergency room and you see people sitting there for hours. No one was managed like that on the hospital ship. They were seen immediately and taken care of. I think we had the best system. When someone came in with an injury or with an acute illness, they were seen immediately by a group of people who had become experts in their areas. You go to an emergency room today, the interns see you, then one of the residents, and then the chief resident. Then, finally, an attending on call might see you. We didn't have that intermediate chain of command. Our folks were seen immediately by people who were very experienced. I think that accounts for the good results we had.

There's one thing that was very interesting. I think of our patients who arrived aboard alive, we had less than a 1 percent death rate. And that's almost unheard of. I think those are the best statistics for war casualties that had been achieved up to then.

During that time, we had 4,927 patients and roughly 2,000 of those were severely injured combat casualties. We performed over 2,000 surgical procedures; 1,600 were classified as major. We administered 3,067 pints of blood during emergency life-saving procedures.

This is what was interesting. We could keep a patient aboard if we thought they were going to be okay. I believe GEN Lew Walt was the Marine commander at that time. He was a typical Marine and said, "If these Marines are gonna be all right and ready to go back to duty in 30 days, you keep them aboard that ship because we want them back in Vietnam." More than two-thirds of all patients we received were returned to duty. That's probably a record.

We also provided 6,200 outpatient and consultation visits to the other armed forces plus the Vietnamese population. A large number of Vietnamese were brought to the ship during times when we were not extremely busy. And we would work them in and care for them. I saw patients with cleft palates, cleft lips, and tumors, some of which were completely inoperable because they were so horrendous. Yes, we took care of many civilians, too.

I want to thank you so much for spending time with me this morning. It's been a real pleasure and honor to talk with you.

Well, I hope it's been somewhat useful. As a result of the activities of Navy oral and maxillofacial surgeons in the initial management, reconstruction, and rehabilitation of Vietnam casualties, a book, *Management of War Injuries to the Jaws and Related Structures*, was written. The contributors were all USN Dental Corps officers with additional data and statistics from maxillofacial casualty studies from all the U.S. Armed Forces as well as civilian sources. This book was published under the auspices of the Dental Sciences Department, Naval Medical Research Institute, Bureau of Medicine and Surgery , Department of the Navy. It was edited by CAPT James Kelly, USN, assisted by CDR Robert Triplett, USN. The book contains a historical perspective of war injured patients as well as our total Vietnam experience. It has become a valuable trauma management resource and reference and has provided treatment guidelines that apply to this day. The U.S. Navy Dental Corps and all oral and maxillofacial surgeons who were responsible for this textbook can be very proud of this significant accomplishment.

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